



# Weatherization Assistance Program Quality Control Form

FORM  
WX1

Agency <input type="checkbox"/> BVCAP <input type="checkbox"/> CAPLSC <input type="checkbox"/> CAPMN <input type="checkbox"/> CAPWN <input type="checkbox"/> CNCS <input type="checkbox"/> GHCA <input type="checkbox"/> NWCAP <input type="checkbox"/> SENCA <input type="checkbox"/> WXT	Inspector Name:	Job Number:	NEO Monitor Name:
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Client Name:	Address:	Phone:	Date:
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Contractor Name	Blower Door: PRE: POST: Building Tightness Limit:	Lead Safe: <input type="checkbox"/> YES <input type="checkbox"/> NO	Knob and Tube Wiring: <input type="checkbox"/> YES <input type="checkbox"/> NO
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Fuel Type: <input type="checkbox"/> Nat. Gas <input type="checkbox"/> Oil <input type="checkbox"/> Propane <input type="checkbox"/> Electric <input type="checkbox"/> Other: _____	Combustion Appliances <input type="checkbox"/> Stove <input type="checkbox"/> Water Heater <input type="checkbox"/> Fireplace <input type="checkbox"/> Console Heater (size: _____ Btus)
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YES	NO	ATTIC
		Insulation Added Proper Depth _____
		Vents (1 free ft. per 600 <sup>2</sup> ) _____
		Damming _____
		Heat Shield _____
		Density Sample _____
		Information at Opening (company name, date, no. of bags, square footage, R-value) _____
		Access Treated (minimum 13' X 20') R-19 _____
		<b>KNEE WALLS</b>
		Access Treated _____
		Information All Openings _____
		Vapor Barrier Facing Warm Side _____
		Density Sample _____
		General Air Sealing _____
		<b>SIDE WALLS</b>
		Density Sample _____
		General Air Sealing _____
		Thermal Image _____
		<b>FOUNDATION/BASEMENTS/CRAWL SPACE</b>
		Floor Insulation _____
		Crawl Space/Basement Wall Insulated _____
		Sill Box Insulation (more than 2" in depth) _____
		Ledge Walls (24" on top of ground moisture barrier) _____
		<b>LIGHTING/CO — COMBUSTABLE DETECTORS</b>
		CFL _____
		CO Detector _____
		Doors _____
		Windows _____
		Duct Work _____
		<b>COMBUSTABLE APPLIANCE ZONE</b>
		CO Reading: Water Heater _____
		Furnace _____
		Stove/Range _____
		Draft _____
		Pressure _____
		Efficiency (%) _____
		Confined Space _____
		Test Gas Leaks _____
		Venting _____

☐ All measures completed ☐ Some measures completed while on site ☐ Further measures must be completed within 10 business days

Additional Comments: